

P.L.A.Y. CAMP 2006

Positive Learning Activities for Youth
for kids who have COMPLETED K-5th grade.

Develop confidence, teamwork and sportsmanship while maintaining academic skills through educational activities, games, sports, crafts and field trips. Character Counts will be a key component of P.L.A.Y. Camp. Weekly fee includes all activities and an afternoon snack. Free breakfast and lunch provided.

June 12 - August 18
Monday - Friday

Location:

F Street Community Center
1225 F Street
441-7951

Registration requires payment for the first week.

Registration is limited. Weekly payment due by 5:00 pm on Tuesday of the prior week. We mail confirmation, program information, total fee due, and payment schedule after processing.

Weekly Base Fee:

9:00 am - 3:00 pm \$55.00/per child
7:30 - 9:00 am extension \$ 5.00/per child
Free Elementary Drop-In Hours begin at 3:00 pm

Registration Deposit:

Registration requires a \$10 per child, per week, nonrefundable deposit. Registration is limited. Deposit is required for all families. Registration confirmation, program information, total fee due, and payment schedule will be mailed after processing.

Payment Schedule:

Balance due as follows:

Week 1-due time of registration Week 6-due Tuesday, July 11
Week 2-due Tuesday, June 13 Week 7-due Tuesday, July 18
Week 3-due Tuesday, June 20 Week 8-due Tuesday, July 25
Week 4-due Tuesday, June 27 Week 9-due Tuesday, Aug 1
Week 5-due Monday, July 3 Week 10-due Tuesday, Aug 8

Payment Information:

Mail or bring payment to:
"F" Street Community Center
1225 F Street
Lincoln NE 68508

Discounts Available:

If two or more children from the same family are enrolling the first is full fee and the rest will have a \$5 discount off the base fee. We also have a Sliding Fee Rate available. Title XX is accepted.

Lincoln Parks and Recreation



Registration begins January 16, 2006

Registration is limited. Waiting lists will be maintained.

Register for only the weeks and times you want!

"F" Street P.L.A.Y. CAMP 2006 Registration

Participant's Name _____ Grade Completed _____ Birthdate _____

Address _____

Parent's Name _____ Home Phone # _____

Day Phone # _____ (Name of Parent at Day Phone #) _____

Another person to contact in case of emergency _____ Phone # _____

Make checks payable to:

Lincoln Parks & Recreation

Return to:

"F" St. Community Center
1225 F Street
Lincoln NE 68508

NOTE: Include the \$10 per child, per week nonrefundable deposit with registration.

***Camp is not held on Tuesday, July 4.**

T-Shirt Size:

____ Youth Med. ____ Youth Large
____ Adult Med. ____ Adult Large

Amount Enclosed: _____

Check # _____

Receipt # _____

Week#	Dates	7:30-9:00	9:00-3:00
1	June 12 - 16		
2	June 19 - 23		
3	June 26 - 30		
4	July 3 - 8*		
5	July 10 - 14		
6	July 17 - 21		
7	July 24 - 28		
8	July 31 - Aug 4		
9	Aug 7 - 11		
10	Aug 14 - 18		

Waiver and Release of All Claims: For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Recreation PLAY Camp Program, I/We recognize and acknowledge that there are certain risks of physical injury and I/We agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I/We do hereby declare that I/We waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I/We or my minor child or ward may incur or may accrue to me or my minor child or ward on account of participation in the activities of this program. I/We further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child or ward or arising out of this program. I/We have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment.

Name _____ Relationship _____ Date _____

Name _____ Relationship _____ Date _____